

DEPENDENCY APPLICATION/RECORD OF EMERGENCY DATA

1. UNIT I.D. 63228		2. SHIP OR STATION NROTC UNIT, TULANE UNIVERSITY		3. 4.		
5. NAME OF SPOUSE			6. DATE OF BIRTH OF SPOUSE		7. RELATIONSHIP	
8. PLACE OF MARRIAGE (CITY & STATE OR COUNTRY)			9. DATE MARRIED		10. CITIZENSHIP OF SPOUSE	
11. ADDRESS OF SPOUSE				12. DEP		
13. NAME OF CHILD OR DEPENDENT			14. DATE OF BIRTH		15. RELATIONSHIP	
16. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					17. DEP	
18. NAME OF CHILD OR DEPENDENT			19. DATE OF BIRTH		20. RELATIONSHIP	
21. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					22. DEP	
23. NAME OF CHILD OR DEPENDENT			24. DATE OF BIRTH		25. RELATIONSHIP	
26. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					27. DEP	
28. NAME OF CHILD OR DEPENDENT			29. DATE OF BIRTH		30. RELATIONSHIP	
31. ADDRESS (INCLUDE NAME OF CUSTODIAN IF OTHER THAN CLAIMANT)					32. DEP	
33. NAME OF FATHER						
34. ADDRESS OF FATHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 35)					35. DEP NO	
35. NAME OF MOTHER						
37. ADDRESS OF MOTHER (SEE SPECIAL INSTRUCTIONS BEFORE COMPLETING BLOCK 38)					38. DEP NO	
41. WERE YOU PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		42. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		41. DATE	42. PLACE (CITY & STATE OR COUNTRY)	
43. WAS SPOUSE PREVIOUSLY MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO		44. PRIOR MARRIAGE DISSOLVED BY <input type="checkbox"/> DEATH <input type="checkbox"/> ANNULMENT <input type="checkbox"/> DIVORCE		45. DATE	46. PLACE (CITY & STATE OR COUNTRY)	
OTHER			48. ADDRESS		49. RELATIONSHIP	
50. NEXT OF KIN OF SPOUSE (NOT HUSBAND, WIFE OR MINOR CHILD)			51. ADDRESS		52. RELATIONSHIP	
53. BENEFICIARY(S) FOR UNPAID PAY AND ALLOWANCES			54. ADDRESS		55. RELATIONSHIP	56. % 100%
57. PERSON TO RECEIVE ALLOTMENT IF IN A MISSING STATUS. SUBJECT TO SECNAV DETERMINATION			58. ADDRESS		59. % 100%	
60. BENEFICIARY(S) FOR GRATUITY PAY (NO SPOUSE OR CHILD SURVIVING)			61. ADDRESS		62. RELATIONSHIP	63. % 100%
64. LIFE INSURANCE DATA (NAME OF CO) (DO NOT INCLUDE SGLI)			65. ADDRESS		66. POLICY NUMBER	
67. RELIGION		68.	69.	70. RANK/RATE	71. PAGE 1	72. OF PAGES 1
73. NAME OF DESIGNATOR (LAST, FIRST, MIDDLE)				74. SSN	75. USN <input type="checkbox"/>	76. USNR <input checked="" type="checkbox"/>

77. LOCATION OF WILL OR OTHER VALUABLE PAPERS
N/A

78. REMARKS

Is beneficiary designation of S. G. L. I. on file?

YES

NO

DATE (If Yes)

NOTE: THIS FORM DOES NOT DESIGNATE OR CHANGE BENEFICIARIES OF GOV'T LIFE INSURANCE.

79. SIGNATURE OF DESIGNATOR

80. SIGNATURE OF APPROVING OFFICER, TITLE, AND DATE

CERTIFICATION OF DENIGRATOR

I have reviewed the data entered on this form and certify that it is correct.
Execute a new NAVPERS 1070/602 if data is not correct.

DATE	SIGNATURE OF DESIGNATOR	DATE	SIGNATURE OF DESIGNATOR